

# **APPLICATION DATA SHEET**

## **APPLICATION INFORMATION**

Application Type:: **Regular**  
Subject Matter:: **Utility**  
CD-ROM or CD-R?: **None**  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?: **None**  
Computer Readable Form (CRF)?:  
Number of copies of CRF:  
Title:: **PLASMA DISPLAY APPARATUS**  
Attorney Docket Number:: **0925-0167P**  
Request for Early Publication?: **No**  
Request for Non-Publication?: **No**  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?: **No**  
Petition Included?: **No**  
Petition Type::

## **APPLICANT INFORMATION**

Applicant Authority Type:: **Inventor**  
Primary Citizenship:: **Japan**  
Country:: **Japan**  
Status:: **Full Capacity**  
Given Name:: **Ko**  
Middle Name::

Family Name:: SANO  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of mailing address:: 2-3, Marunouchi 2-chome, Chiyoda-ku,

City of mailing address:: Tokyo  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 100-8310

Applicant Authority Type:: Inventor  
Primary Citizenship:: Japan  
Country:: Japan  
Status:: Full Capacity  
Given Name:: Kazutoshi  
Middle Name::  
Family Name:: MORIKAWA  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of mailing address:: 2-3, Marunouchi 2-Chome, Chiyoda-Ku

City of mailing address:: Tokyo  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 100-8310

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 2292

**REPRESENTATIVE INFORMATION**

Representative Customer Number::	2292
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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2000-088064	03/28/00	Yes
Japan	2000-397383	12/17/00	Yes

**ASSIGNEE INFORMATION**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::